

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Colorado -- Simplified Access to Nursing Home Alternatives

Issue: Single Entry Point Agencies

Summary

The State of Colorado has established Single Entry Point (SEP) agencies that provide an access point for several publicly funded long-term supports for people with disabilities, including older people, people with physical disabilities, people living with AIDS, and people with brain injuries. SEP agencies provide education to individuals about available options and provide easier access for individuals and families to the programs. In the nine years that SEP agencies have served the entire state, participation in home and community-based services has more than doubled while the number of nursing home residents has been stable.

Introduction

People with disabilities often face a fragmented system when attempting to obtain publicly financed community long-term supports. In many states, several different agencies offer long-term supports, as the programs are administered by many entities throughout the state. Colorado developed the Single Entry Point (SEP) system to enable people to streamline access to long-term supports via one agency instead of several. Program administrators have found that the ability to access and plan services is simplified when multiple funding sources are accessible through a single agency that also provides a comprehensive plan of care.

Single Entry Point agencies provide a comprehensive plan of care for several funding sources

This report briefly describes the Colorado SEP system. It describes the services people can obtain through SEPs, how the system functions, how it was implemented, and results known at this time. This document is based on written materials produced by the State of Colorado, written media reports, interviews with state staff involved in the implementation and oversight of the program, and the state's web site.

Background

Prior to the SEP system, several agencies provided case management and functional eligibility assessments for Colorado's home and

community-based services (HCBS) programs, including but not limited to county departments of human or social services and Area Agencies on Aging. This fragmentation required people to go to different agencies to learn about each program, and people found that they did not always know about the full range of options. In addition, coordinating services between the programs was difficult. By developing the SEP system, Colorado simplified access to resources. SEPs direct people to the most appropriate program to meet their needs. Also, using fewer organizations to manage the programs created funding efficiencies.

Colorado's SEPs assess functional eligibility for Medicaid nursing facility services and for Medicaid and state-funded services that help people live in the community instead of in nursing homes or hospitals. In addition, SEPs provide case management for the HCBS options, which include four Medicaid HCBS waivers – the Elderly, Blind and Disabled Waiver (HCBS-EBD), the Brain Injury Waiver (HCBS-BI), the Mentally Ill Waiver (HCBS-MI) and the Persons Living with AIDS Waiver (HCBS-PLWA) – and two state-funded programs: Home Care Allowance (HCA), which provides flexible in-home supports, and Adult Foster Care (AFC).

Intervention

The SEPs are a statewide network of case management agencies, serving one or multiple counties, that contract with the state perform level of care assessments, care planning, and

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case management for older adults and people with disabilities. There are currently 25 SEP agencies covering all of Colorado's 64 counties.

Anyone can refer a person to a SEP agency, however the most common referral sources are hospital discharge planners, family members, county workers, and the person requiring long-term supports. Individuals must use the SEP in the county in which they live. When a referral is made to the SEP, the SEP conducts an

SEPs also refer people to other public and private resources

assessment to determine if the prospective participant meets the nursing facility (NF) level of care. Then the person

and the SEP staff develop a care plan that identifies services to help the person remain in the community. Since the SEP is one component of long-term care, SEP case managers coordinate with families, physicians, hospital discharge planners, and nursing home staff, in addition to the participant, to obtain a better understanding of the person's situation.

SEPs also refer people to other resources such as services financed by the federal Older Americans Act, private grant funds, and faith-based organizations. These services include home delivered meals, food banks, home health agencies, transportation, adult protection services, legal aid, and supportive housing. Over several years, there has been extensive outreach by both the state and the SEPs to educate county health and/or human services departments, hospitals, nursing facilities, senior centers, advocacy groups, and other organizations regarding what services are available and how to refer people to the SEP programs.

Colorado conducts annual reviews of SEP agencies to ensure the agencies meet quality standards. The state conducts additional reviews to verify the SEPs' services are appropriate in both cost and need. When the reviewers find problems, the state requires the SEP to develop and implement a Corrective Action Plan, which must be approved by the state. After approximately three months, the state conducts another review to ensure the plan has been implemented.

Implementation

Colorado implemented the SEP system over a two-year phase-in period. In July 1993, seven agencies performed SEP responsibilities. One additional agency joined in February 1994, and then in July 1995 the remaining fifteen agencies joined, making SEP services available statewide.

According to state staff, the transition to SEPs did not increase the state's expenditures for HCBS program administration. The state reallocated funds already in use and conducted planning within available resources. County elected officials (commissioners) determine what organization conducts SEP activities within their county. Neighboring counties formed SEP districts, in which one agency serves all the district's counties. SEP agencies are county health and/or human service agencies, Area Agencies on Aging, private non-profit organizations and private for-profit organizations. The organizations that formerly administered one or more HCBS programs cooperated in the transition to SEP agencies.

Impact

The SEP agencies serve approximately 16,000 people statewide at a cost to the state of approximately \$14 million per year. In the years since SEPs served the entire state, the number of people using nursing facilities (NF) has remained relatively constant each year while HCBS participation has grown from 5,368 to 17,173 people per year. State staff interviewed for this report attributed the increased HCBS participation to the SEP agencies identifying participants who benefit from community services and hospital and nursing facility staff's increased knowledge of community programs.

In recent years, NF utilization has been flat while HCBS utilization has increased

Colorado requires SEP agencies to conduct participant satisfaction and provider satisfaction surveys. The participant satisfaction surveys indicate that the majority of participants are pleased with services and with the SEP agency staff. The most frequent complaint from participants was personal care providers not arriving on time or missing scheduled times. The

provider satisfaction surveys show a positive working relationship with providers and SEP agencies. A SEP agency may receive a fiscal penalty if it does not meet performance standards.

Contact Information

For more information about the Single Entry Point agencies, please contact Latrice V. Burrell

at the Colorado Department of Health Care Policy and Financing at (303) 866-5902 or latrice.burrell@state.co.us. Information about the SEP agencies is available online at <http://www.chcpf.state.co.us>.

Some Discussion Questions:

How does the use of contractors for single entry point agencies affect the ability to hold the agencies accountable for quality services?

When single entry point agencies serve a broad target population, how can states help the agencies provide appropriate services to people with less common conditions?

The original report was written by Lisa Chevalier, MSW. Medstat revised the report, one of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' Web site, <http://www.cms.hhs.gov/promisingpractices>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.